


KNOLLWOOD ENERGY

REC 16-118

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

NH PUC 14 JAN 16 AM 11:18

January 11, 2016

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find applications for 11 systems to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion.

Electronic versions have been entered into the new online application system under batch number KN16002.

Raymond Belanger	Leanne Rosenberg
Ryan Melchionno	Larry Stenger
Robert Miller	Keith Strang
Lori Oliveira	Stacey Tremblay
Mike Reed	David Uebele
Rob Remsen	

Please feel free to contact me with any questions or further instructions.
Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN16002

Executive Director email

PUC - Executive.Director

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Leanne Rosenberg

Facility Owner email

rosenberg.leanne@yahoo.com

Owner Phone

603-858-3080

Facility Address

218 Laydon St

Facility Town/City

Manchester

Facility State

NH

Facility Zip

03109

Is the facility address the same as the owner's mailing address

- ☒ Yes
☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Linda Modica

Contact Phone

Other Email Address

Facility Information

Class

II

Utility

Eversource

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Quantity

Panel Make

Panel Model

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Inverter Rated Output

Add'l Inverter Quantity

NA

Additional Inverter Make

None

Add'l Inverter Model

Rated Output - Primary Inverter

225

Rated Output - Additional Inverter

System capacity based on single inverter make

0.03

System capacity based on two inverter types

System capacity in mW as stated on the interconnection agreement

2.7

Revenue Grade Meter Make

Hialeah

Was this facility installed directly by the customer (no electrician involved)?

☐ Yes

☒ No

Electrician Name & Number

Justin Thomas0366C

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- ☒ Yes
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-5798284_cD54ARXG_Rosenbereg_SPIA.pdf

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here


https://fs30.formsite.com/jan1947/files/f-5-168-5798284_3GRaqiNa_Rosenberg_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5798284_TASup9FQ_Rosenburg_COC.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

01/11/2016

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

Eversource Application Project ID#: N 3892

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate):

Customer or Company Name (print): Leanne Rosenberg

Contact Person, if Company: _____

Mailing Address: 218 Laydon St

City: Manchester

State: New Hampshire

Zip Code: 03109

Telephone (Daytime): (603) 858-3080

(Evening): _____

Facsimile Number: _____

E-Mail Address: rosenberg.leanne@yahoo.com

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: Granite State Solar

Mailing Address: 187 North Main St

City: Boscawen

State: New Hampshire

Zip Code: 03303

Telephone (Daytime): (603) 369-4318

(Evening): _____

Facsimile Number: _____

E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone (Daytime): _____

(Evening): _____

Facsimile Number: _____

E-Mail Address: _____

Facility Site Information:

Facility (Site) Address: 218 Laydon St

City: Manchester

State: NH

Zip Code: 03109

Electric

Service Company: Eversource

Account Number: 56018856007

Meter Number: S71013387

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # _____

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____

Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase Model Name & Number: m215 Quantity: 12
Nameplate Rating: 215, 225 (kW) (kVA) (AC Volts) Phase: Single ☒ Three ☐
Nameplate Rating: The AC Nameplate rating of the individual inverter.
System Design Capacity: 225, 7 (kW) (kVA) Battery Backup: Yes ☐ No ☒
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐
Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____
Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
Yes ☒ No ☐

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'
Yes ☒ No ☐

Location of External Manual Disconnect Switch: Next to the meter.

Project Estimated Install Date: August Project Estimated In-Service Date: August

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions for Simplified Process Interconnections attached hereto:

Customer Signature: [Signature] Title: Homeowner Date: 8/11/15

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

For Eversource Use Only

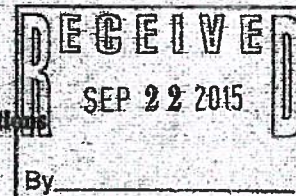
Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: [Signature] Title: Associate Engineer Date: 8/19/15

Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections



Installation Information: ☐ Check if owner-installed

Customer or Company Name (print): Leanne Rosenberg

Contact Person, if Company: _____

Mailing Address: 218 Laydon St

City: Manchester State: New Hampshire Zip Code: 03109

Telephone (Daytime): (603) 868-3080 (Evening): _____

Facsimile Number: _____ E-Mail Address: rosenberg.leanne@yahoo.com

Facility Information: → Eversource Meter # S71013387

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: New Hampshire Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

License number: 0366 G

Date of approval to install Facility granted by the Company: _____

Eversource Application ID number: EN 3192

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: _____ County: _____

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Signature: _____

Name (printed): _____ Date: _____

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Pac. 905.04 has been successfully completed.

Please remember to provide digital photos of the installation, including the AC disconnect switch (if required), the existing Eversource meter, the inverters, and the point of electrical interconnection.

Customer Signature: [Signature]

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924

913



**City of Manchester, NH
Planning & Community Development
Building Regulations**

Tel: 603.624.6475
Fax: 603.624.6324

Notice of Inspection

Date: 9/22/15 Permit #: 15-3660

Address: 218 Layden St

Contractor: Shawn Marvel 209-4364

Granite State Solar

Pass ☒ Fail ☐ Penalty ☐

Type of Inspection: Solar - Elec.

Notes:

Passer

Inspector's Signature:

[Handwritten Signature]

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

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The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

LEANNE ROSENBERG

Printed Name of signature owner


Signature of system owner